

### CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

(CFA-1)

State Form 4604 (R15 / 5-19) Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

#### PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

									FILE NUMBER
1. IS THIS AN AMENDMENT?									46-20-34
SECTION A . CANDIDATE 2. Last Name		RMATION: Fill		applicable			fully and	accura	tely as possible.  3. Type of Committee (Check one)
geric de la se di Santa Maria de califo que e				141					3. Type of Committee (Check one)  Candidate's Principal Committee
Winski		Jo Eileen (Joie)	/	Ann			Joie		Exploratory Committee
4. Mailing Address (number and street, city,	, state, and	ZIP code)		5. F/	AX (Opti	ional)		The second second	Address (Optional)
318 Garrettson Ave				(	)			jwinsk	ki@sbcglobal.net
7. City	State	p. 12/12/12/14/14	8. Coun			9. Teler	phone (Day)		10. Telephone (Evening)
Michigan City	IN	46360	LaPo				861 7182		6 4
11. Party Affiliation				12. Office	Sough	t (Includi	e district numb	er, if any. I	Not required for an exploratory committee.)
☑ Democratic ☐ Libertarian ☐ Repu							Treasurer		*
SECTION B. COMMITTEE	INFO	RMATION: Fil	ll in all a	applicable	e box	es as	fully and	accura	itely as possible.
13. Full Name of Committee (Do not ab			a new nam	ne.					
Joie Winski for LaPorte Co			15 15 15 15 15	11-200	1.2.51				20 W 100
14. Mailing Address (number and street, city	y, state, and	d ZIP code) LI Cneck	if this is a	new address.	15. FA	X (Optio	inal)	16. E-mai	il Address (Optional)
same as above					(	)			
17. City	State	ZIP Code	18. Cou	nty		19. Tele	ephone		20. Committee Organization Date
						( *	Y		(mm/dd/yy)
21. Chairperson's Full Name 🗹 Des	signate C	Candidate as Chairpers	ion. 🗆 (	Check if this is	a new (	chairpers	son.		
22. Mailing Address (number and street, city	y, state, and	d ZIP code)	if this is a r	new address.	23. FA	X (Optio	inal)	24. E-mai	il Address (Optional)
25. City	State	ZIP Code	26. Cour	inty	11	27. Tel	ephone (Day)		28. Telephone (Evening)
= =					J	9	1		2 %
29. Bank or Other Depositories (List all	ll banks o	or other depositories in	which the	committee der	posits fu	inds, holi	de accounts, re	ents safety	deposit hoves or maintains funds.)
Horizon Bank		0.000	name.	Ommand	Joseph .	/G0,	is accounting,	no ouror,	seposit boxes of maintains rainas.,
30. Exploratory Committee (Give brief sta	ntement ext	plaining numose of an expli	oratony comm	ottoe only ) 31	Calarie	and P	-imhureemer	to (Mill the	e committee pay the candidate a salary or
ou. Exploratory committee (committee)	lemen s	idining purpose of all exp.	falory com	reir	mburser	nent for	lost wages? If	Yes, attach	e committee pay the candidate a salary or hacopy of the contract.)
APPOINTME	- T- C		<b>1000</b>		William	Alexander			
SECTION C. APPOINTME			_				Citure	::: Co	
32. I, as Chairperson of th committee, appoint the followin		on as					Signature	of the Cor	mmittee Chairperson
Treasurer of the Committee.		JoElleen							
	nate cand	didate as treasurer.	☐ Check i	if this is a new	v treasur	er.			
JoEileen Winski									
34. Mailing Address (number and street, city	y, state, and	d ZIP code)	if this is a	new address.	35. FA	X (Optic	onal)	36. E-ma	il Address (Optional)
318 Garrettson Ave	Alabama value	STANGENERAL MANAGEMENT AND	With Philosophysia and a second	DECEMBER OF SERVICES		All de Santon	, some		i@sbcglobal.net
37. City	State	ZIP Code	38. Cour	inty	(	39 Tel	ephone (Day)	Jeenson	40. Telephone (Evening)
Michigan City	IN	46360	LaPoi				861 7182	ñ	40. Telephone (Evening)
						(210)	0011102		( )
SECTION D. ACCEPTANC	JE OF	APPOINTMEN	T (IC 3	9-1-15)		121		جعا	
41. I give notice that I accept to Committee. I am not the chairp	the dut	ies and responsi	bilities o	f Treasure	r of tr	is Sig	nature of Pe	rson Acc	cepting Appointment
permitted for a candidate commit	tee und	of a campaign in ler IC 3-9-1-7).	nance co	mmittee (e	xcept	as			
SECTION E. CERTIFICAT			T.						FOR OFFICE USE ONLY
We certify as the candidate and				on of the	Commi	itted a	nd that we	have	E L L E D
examined this statement. To the b	best of o	our knowledge and	d belief it	is true, corr	rect an	id dom	plete. /	liave	IN CLERKS OFFICE
42. Typed or Printed Name of Cha							Date (mm/dd/yy)	1	
JoEileen Winski	7	7/11/		1/11	WI	111	1/24/	2021	2
43. Typed or Printed Name of Can	didate	Signature of	Landida		wol	140	Date mm/dd/yy)	700	JAN 2 4 2020
JoEileen Winski	diua	111	111	11/1	116	m	1/24/	DEAC	Section of the sectio
Warning: State law requires that any o	change	this information be t	Conted wi	ithin ton (10)	dave of	the chr	10 3/9-1	10 1	/
person who knowingly files a fraudulent	report/co	ommits a Level 6 D fe	elony (IC 3-	1-14-1-13). A p	person w	who fails	to file a compl	olete or	LERK OF LA PORTE CIRCUIT COURT
accurate report as required by the India subject to civil penalties (IC 3-9-4-16, IC 3	ana Camp	paign Finance Law co	ommits a C	lass B misde	meanor	(IC 3-1	4-1-14), and m	nay be	LERK OF LA PORTE CIRCUIT COURT

State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side,

IS THIS AN AMENDMENT? Yes

(CFA-4) Summary Sheet

FILE NUMBER

46-20-34

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization) Check if this is a new name of Committee (as on Statement of Organization) Check if this is a new name of Committee (as on Statement of Organization)	ne.	3	
2. Acronym or Abbreviated Name (if any) 3 (	3. Committee Te	861-7	
318 GARRETTSON AVE	ck if this is a ne		a <sub>0</sub>
5. City, State, ZIP GODE MIGHT GAN CITY, IN 46360		n (if applicable)	
CANDIDATE INFORMATION (For Candidate's Com	mittees Only	1)	the many and the
JOBILLEN (JOIE) WINSLY		n or If Independe	ent Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	0. County of Re	sidence Vte	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
TYPE OF REPORT		CONVENTIO	ON CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Nomination Other		☐ Pre-Con	vention
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend Statement	nt of Organization.)	Post-Co	nvention
12. Reporting Period (mm/dd/yy): From: JANUARY I, 2020 Through: May 8, 2020		DLUMN A is Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		0	
14. Cash on hand and investments January 1, current year.	<b>EC1</b>	يجريب	0
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (Use Schedule A.)	4 1		* *
15b. Unitemized	13	07.46	1307.46
15c. Add lines 15a and 15b in both columns.	A <u>L</u>	2	u u
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	AL	8 8	a
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	127	16.43	1276.43
17b. Uniternized	3	1.03	31.03
17c. Add lines 17a and 17b in both columns.	AL		01.00
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TAL 130	7.46	1307.46
19. Debts OWED BY the committee (Use Schedule D.)		1. 10	
20. Debts OWED TO the committee (Use Schedule E.)		F	
			CLERKS OFFICE
CERTIFICATION	<b>计算程序</b>	THE R. P. LEWIS CO., LANSING, MICH.	OR OFFICE USE ONLY
Signature of reasurer  The BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, IT IS T	Date (mm/di	/	IUN 1 1 2020
Signature of Gandidate (if applicable)		2020	Konjuntehidack  LA PORTE CIRCUIT COUR
MARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-4 is a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate reports a fraudulent report commits a Class R misdemagner. (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-4-16) in	ort as required by	the Indiana	LA PORTE CIRCUIT COUR

State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

# (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FILE NUMBER	
4 .	1	
Page	2 of 3	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy)  RECEIVED BY
Joie & Steve Winski 318 Garrottson Ave	Contributions:  Direct In-Kind (describe)		8	3/1/2020
Jose & Steve Winski 318 Garrettson Ave Michigan City, IN 46360 Sales Repl Contributor's Occupation (# required) LP Chy Pukitor	Other Receipts:  Interest Loan  Miscellaneous (specify)	1,307.46	1,307.46	3/1/2020 Liversie
2	Contributions:  Direct In-Kind (describe)	9	·	) to
Contributed a Consenting of Francisco	Other Receipts:  Interest Loan  Miscellaneous (specify)	v ,	* " " " " " " " " " " " " " " " " " " "	
Contributor's Occupation (if required)	Contributions: Direct In-Kind (describe)	8		
	Other Receipts: Interest Loan Miscellaneous (specify)	w		
Contributor's Occupation (if required)4.	Contributions:  Direct In-Kind (describe)	8		
	Other Receipts: Interest Loan Miscellaneous (specify)		2 2	
Contributor's Occupation (if required)	Contributions:  Direct In-Kind (describe)			*,
	Other Receipts:  Interest Loan  Miscellaneous (specify)	. *	# <sub>2</sub>	
Contributor's Occupation (if required) SUBTOTAL TI	HIS PAGE OF SCHEDULE A	\$ /307.41		4
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY	\$ 120714		

State Form

# (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

	FILE I	NUME	BER	
	,	,d		
Page	3	_ of _	3	

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Code A Reprographic Arts 2824 E. Michigan BWd. Michigan City, IN46300 (TRAN CREEK)		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	1,276.45	l, 276.43	3/4/202
Code	e san, a come a man ny a 1840 a n a a a a	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	Reserved Section		6.00 a
.6	n e "	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code	9	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		e E	
Code	as as	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code	-	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:			e 52
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	-		
	SUBTOTAL THIS PAG	E OF SCHEDULE B	\$1276.43		
TOTAL OF ALL PA	GES OF SCHEDULE B ON THE	LAST PAGE UNLY	\$	and a later to	



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

'NSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For ssistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes V No

(CFA-4) **Summary Sheet** 

FILE NUMBER 46-20-34 **TOTAL PAGES IN ENTIRE CFA-4 REPORT** 

		4	
COMMITTEE INFORMATION	AND STREET	Control Testing	
Full Name of Committee (as on Statement of Organization)  Joie Winski for LaPorte County Treasurer  Check if this is a new of the county Treasurer	name.	· 一种,是一种,	
2. Acronym or Abbreviated Name (if any)	3. Committe	ee Telephone Number	
	( 219	) 861-7182	
o to Carrettson Ave	Check if this is	a new address.	
5. City, State, ZIP Code Michigan City, IN 46360	6. Party Affi Democra	liation (if applicable)	
CANDIDATE INFORMATION (For Candidate's C			Trick to be a second
7. Full Name of Candidate (Include any nickname.) Jo Eileen (Joie) Winski		liation or If Independe	nt Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.)  LaPorte County Treasurer	10. County	of Residence	
TYPE OF REPORT		CONVENTIO	N CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Nomination Other		Pre-Conv	vention
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend State	ement of Organizati	ion.) Dost-Cor	vention
12. Reporting Period (mm/dd/yy):  - 2m: May 8, 2020  Through, October 12, 2020		COLUMN A	COLUMN B
. Cash on hand and investments at the beginning of this reporting period.		This Period	Year to Date
Cash on hand and investments at the beginning of this reporting period.  14. Cash on hand and investments January 1, current year.	Maria	1,307.46	
CONTRIBUTIONS AND RECEIPTS			0.00
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (Use Schedule A.)		4000.00	4000.00
15b. Unitemized	4	740-1-307.48	4960. 4,307.46
15c. Add lines 15a and 15b in both columns.	OTAL	8760.00	8760.00
	OTAL /	0,067.46	10,067.46
(Note: These areas of the control of			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) 17b. Unitemized		7192.70	7192.70
17c. Add lines 17c and 17h in half and and			
18 Cash on hand and investments at close of this recently and 1/2 1/4 1/2 is	OTAL	7192.70	7192.70
19. Debts OWED BY the committee (Use Schedule D.)	TOTAL	2894.76	2874.76
20. Debts OWED TO the committee (Use Schedule E.)		0	ACCOUNTS
The state of the destinated (ose schedule E.)		<del></del>	建设产 建宁
CERTIFICATION		FOR THE PARTY OF T	OFFIGE USE ONLY
Signature of Capadidate (if applicable)  Signature of Capadidate (if applicable)  ANING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (If Sandalane Finance Law commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate Campaign Finance Law commits a Class B misdowners. (IC 3-14-1-13) A person who fails to file a complete or accurate	Date (10) Date (10) (C 3-9-4-5) A per	milidalyy 13/2020 fininidalyy 13/2020 sor who knowingly	1 4 2020
Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4	-16, IC 3-9-4-17,	IC 8-9-498FRK OF LA PO	ORTE CIRCUIT COURT



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

# (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FILE NUMBER						
Page _	2 of 4						

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
Joie & Steve Winski 318 Garrettson Are Midrigan City, IN	Contributions: Direct In-Kind (describe)  Other Receipts: Interest Loan	PERIOD	1307,46	3/1/20
Contributor's Occupation (if required)	Miscellaneous (specify)  Contributions:			Ĵω
JOIE & Steve Winski 318 Garrettson Ame	Direct In-Kind (describe)	4000.00	4000.00	10/9/20
Michigan City, 1N4360  Contributor's Occupation (if required)	Other Receipts:  Interest Loan  Miscellaneous (specify)	7000.00	7000.00	Sw
	Contributions:  Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions:  Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Miscellaneous (specify)			
Contributor's Occupation (if required)	Contributions:			
	☐ In-Kind (describe)			
	Other Receipts:  Interest Loan  Miscellaneous (specify)			
`ontributor's Occupation (if required)				
SUBTOTAL T		\$ 5307.46		
(Enter total on ITEM	15a of the Summary Sheet.)	\$ 5307. 46		



4606 (R15 / 5-19) ndiana Election Division (IC 3-9-5-14) State Form

# (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

	FILE	NUMI	BER	
	80	75		
Page	3	of _	ef	

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Stock + Field	2	Payment of Debt Returned Contribution Other Purpose:	65.99	45.99	5/13/20
Reprographic Arts		Payment of Debt Returned Contribution Other Purpose:	2070.00	33 46.43	6/1/20 5/21/20 3/4/20
WIMS		Payment of Debt Returned Contribution Other Purpose:	330.00	330.00	5/22/20
WCOE		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	31800	31800	5/22/20
WEFM		Direct	16800	1680	5/21/20
Lowes	t t	Direct  In-Kind Payment of Debt Returned Contribution Other Purpose:	17125	17125	5/16/20
Vews Dispatch Herald Avgus		Payment of Debt Returned Contribution Other Purpose:	156	756-	5/28/20
	SUBTOTAL THIS PAGE	OF SCHEDULE B	3879.24		
TOTAL OF ALL PAGE	ES OF SCHEDULE B ON THE I	LAST PAGE ONLY			



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

# (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this chedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the number of

	FILE	NUM	BER	
Page _	4	of _	4	

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION  OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
LP County Democrat Party		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	1854-	1856-	1/8/20
LP Cty Election Board		Payment of Debt Returned Contribution Other Purpose:	50-	50-	7/24/21
Hoosiers For Ken		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	100-	100-	8/17/20
Reprograhic Arts		Direct   In-Kind   Payment of Debt   Returned Contribution   Other Purpose:		1274.43	3/4/20
Misc John Pabrics / Lowes		Direct	,	31.03	3/4/20
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			.,, =
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	20Clo.		
TOTAL OF ALL DAG	SUBTOTAL THIS PAGE	OF SCHEDULE B	\$3313.46	P370 E 71	
TOTAL OF ALL PAC	GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of the	e Summary Sheet.)	\$7/92.70		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes No

(CFA-4) Summary Sheet

FILE NUMBER
46 20 -34

TOTAL PAGES IN ENTIRE CFA-4 REPORT

				70
<b>16</b> 名 全体系统。14年 - 14数 4位 110 x	COMMITTEE INFORMATION	14 M	4年安全国主	· · · · · · · · · · · · · · · · · · ·
1. Full Name of Committee (as on Statement of Organization	on) Check if this is a new name	)	## c=1 = 2 호, = ##도설*	WANTED AND RESERVED AND REAL PROPERTY.
Joie Winski For LaPorte County Treasru				
2. Acronym or Abbreviated Name (if any)	3.	Committee	Telephone Number	er
	Ţ	219	) 861-7182	
4. Mailing Address (address where all campaign finance co	rrespondence is received)	if this is a r	new address	
318 Garrettson Ave				
5. City, State, ZIP Code	6.	Party Affilia	ition (if applicable)	
Michigan City, IN 46360	De	mocrat		
100 X 2/4 X 200 X 200 P 2 P 2 P 2 P 2 P 2 P 2 P 2 P 2 P 2				
	ORMATION (For Candidate's Comm	E-12	Carlo Control Control	過程機構養養
7. Full Name of Candidate (include any nickname)			tion or If Independ	lent Candidate
Jo Eileen Winski (Joie)	2015	mocrat		
9. Office Sought (Include district number, if any. Not require	ed for exploratory committee.) 10.	County of	Residence	
LaPorte County Treasurer	Lai	Porte		
TYPE OF F	PEROPT			
Check one:	CLF ON T			ON CANDIDATES ONLY
Pre-Primary Pre-Election X Annual Nomination	Other		Check one:	nvention
			=	onvention
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Outgo	ing Treasurer (within 10 days amend Statement of Organ	ization)		onvention
12. Reporting Period:			COLUMN A	COLUMN B
From: May 8, 2020 Throug	h: December 31, 2020		This Period	Year to Date
13. Cash on hand and investments at the beginning of this r	eporting period.	287	4.76	
14. Cash on hand and investments January 1, current year.			17 - VA (18 / 18 / 18 / 18 / 18 / 18 / 18 / 18	0
CONTRIBUTIONS AND				
(Note: these amounts include in-kind contributions and loan.	s, as well as cash contributions.)			
15a. Itemized (use Schedule A)		250	.00	5,557.46
15b. Unitemized				4,760.00
15c. Add lines 15a and 15b in both columns	SUBTOTAL	250	.00	10,317.46
16. Add lines 13 and 15c in Column A and lines 14 and 15c		3,12	24.76	10,317.46
EXPENDITURE			Lattice	PARTY WHEN YOU
(Note: These amounts include in-kind expenditures and loar	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		伊拉马克州道	
17a. Itemized (use Schedule B) (Public Question: use Sched	dule C)	2,13	33.75	9,290.45
17b. Unitemized				7 D
17c. Add lines 17a and 17b in both columns	SUBTOTA	2,1	33.75 I	19,290,45
18. Cash on hand and investments at close of this reporting period (s	subtract 17c from 16 in both columns) TOTA	AL	IN CLER	1,027.01
19. Debts OWED BY the committee (use Schedule D)		0		
2. Debts OWED TO the committee (use Schedule E)		0	JAN	
J.	FIEICATION	0010000000		FOR OFFICE
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST	TIFICATION  OF MY KNOWLEDGE AND BELIEF IT IS TRUE (	ORRECT	ID COMPLET JIM	FOR OFFICE USE ONLY
Signature of Treasurer	Title	Date	CLERK OF LA P	ORTE CIRCUIT COURT
Joe Eileen Winski (sio)	Candidate/Treasurer	1-19-202		
Signature of Candidate (if applicable)	Date			



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

# (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

**Itemized Contributions and Other Receipts** 

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER				
	Page	2 5	of	

			The state of the s	
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED
(street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
1. Joie & Steve Winski 318 Garrettson Ave	Contributions:  X Direct In-Kind (describe)			31, 10/9/2020
Michigan City, IN 46360  Contributor's Occupation (if required)	Other Receipts:  Interest Loan  Misc. (specify)		5,307.46	JW
2. Horizon Bank 515 Franklin St	Contributions:  X Direct In-Kind (describe)			11/3/2020
fichigan City, IN 46360	Other Receipts:  Interest Loan  Misc. (specify)	250.00	250.00	JW
Contributor's Occupation (if required)	Contributions:  Direct			
Contributor's Occupation (if required)	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions:			
	Other Receipts:  Interest Loan  Misc. (specify)	E IN	JAN 2 0 2021	
Contributor's Occupation (if required)	0-13-1	1	- Ju	NS COURT
î.	Contributions: Direct In-Kind (describe)		JAN Z	



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

# (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER					
Page _	3	_ of	4		

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION  OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Stock & Field		☑ Direct		\$65.99	5/13/20
Reprographic Arts		☑ Direct ☐ In-Kind ☑ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	\$532.75	\$3,879.18	10/6/2020
Code		☑ Direct ☐ In-Kind ☑ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	\$330.00	\$660.00	10/24/20
WCOE		☑ Direct ☐ In-Kind ☑ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	\$340.00	\$658.00	10/19/2020
WEFM	E DEFICE	☑ Direct ☐ In-Kind ☑ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	\$175.00	\$343.00	10/20/2020
Lowes Find CLER	NS OFFICE  NS OFFICE  AND STREET CREATER COURT	✓ Direct ☐ In-Kind ✓ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:		\$171.25	5/16/2020
News Dispatch/Herald Argus	PKOLY POST	✓ Direct ☐ In-Kind ✓ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	\$756.00	\$1,476.00	10/20/2020
SUBTOTAL THIS PAGE OF SCHEDULE B TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY			\$ 7,253.42		
TOTAL OF ALL PA	LAST PAGE ONLY lee Summary Sheet.)	\$			



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

# (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

ANSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER					
Page _	4	_ of	4		

RECIPIENT'S NAME AND MAILING ADDRESS	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE COLUMN A		COLUMN B	DATE OF
(street, number, city, state, ZIP code)	OFFICE SOUGHT (if applicable)	and PURPOSE (be specific)	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	EXPENDITURE (mm/dd/yy)
Code LP County Democrat Party		☐ Direct ☐ In-Kind☐ ☐ Payment of Debt☐ Returned Contribution☐ Other☐ Purpose:		\$1,856.00	7/8/2020
LP County Election Board		☑ Direct ☐ In-Kind ☑ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:		\$50.00	7/24/2020
osiers for Kora		☑ Direct ☐ In-Kind ☑ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:		\$100.00	8/17/20
Code Misc./Joann Fabrics/Lowes		☑ Direct ☐ In-Kind ☑ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:		\$31.03	3/6/2020
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\ \	CLERKS OFFICE	1 1
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		JAN Z	CROUT COURT
SUBTOTAL THIS PAGE OF SCHEDULE B					
TOTAL OF ALL PA	\$ 9,290.45				